

**2019 CONTRA COSTA COUNTY  
MONTHLY DENTAL PLAN PREMIUMS**

**SURVIVORS OF RETIREES WHO WERE  
ELECTED OFFICIALS AND SWORN MGMT EMPLOYEES -  
DEPUTY SHERIFF'S ASSOC AT THE TIME OF RETIREMENT**

**DEDUCTIONS EFFECTIVE JANUARY 1, 2019**

PLAN/COVERAGE DESCRIPTION		MONTHLY		TOTAL
		PREMIUM	ADMIN. FEE	MONTHLY PREMIUM
DELTA DENTAL PREMIER PPO - \$1,800 ANNUAL MAXIMUM				
For CCHP Alternate A Plan	Employee	\$46.06	\$0.00	\$46.06
	Employee + 1	\$104.04	\$0.00	\$104.04
	Family + 2 or more	\$104.04	\$0.00	\$104.04
For CalPERS Health Plans	Employee	\$46.06	\$0.00	\$46.06
	Employee + 1	\$104.04	\$0.00	\$104.04
	Family + 2 or more	\$104.04	\$0.00	\$104.04
Without a Health Plan	Employee	\$46.06	\$3.22	\$49.28
	Employee + 1	\$104.04	\$3.22	\$107.26
	Family + 2 or more	\$104.04	\$3.22	\$107.26
DELTA CARE (HMO)				
For CCHP Alternate A Plan	Employee	\$29.06	\$0.00	\$29.06
	Employee + 1	\$62.81	\$0.00	\$62.81
	Family + 2 or more	\$62.81	\$0.00	\$62.81
For CalPERS Health Plans	Employee	\$29.06	\$0.00	\$29.06
	Employee + 1	\$62.81	\$0.00	\$62.81
	Family + 2 or more	\$62.81	\$0.00	\$62.81
Without a Health Plan	Employee	\$29.06	\$3.22	\$32.28
	Employee + 1	\$62.81	\$3.22	\$66.03
	Family + 2 or more	\$62.81	\$3.22	\$66.03